

Affidavit of Process Server

Lorri Poe

PLAINTIFF/PETITIONER

vs

HealthCare Revenue Recovery Group

DEFENDANT/RESPONDENT

CASE#

Being duly sworn, on my oath, I Aaron Willoughby
 declare that I am a citizen of the United States, over the age of eighteen and not a party to this action.

Service: I served HealthCare Revenue Recovery Group, LLC
 with the (documents) ☐ Subpoena with \$ _____ witness fee and mileage

☒ Summons + Complaint

by serving (NAME) Pam Feeney Prentice Hall Bkg Agent Authorize
 at Home To Accept Service
☒ Business 33 North LaSalle St Chicago IL Ste 2320
☒ on (DATE) 5-12-08 at (TIME) 11:22 Am

Thereafter copies of the documents were mailed by prepaid, first class mail on (DATE) _____
 from (CITY) _____ (STATE) _____

Manner of Service:

- ☐ By Personal Service.
☒ By leaving, during office hours, copies at the office of the person/entity being served, leaving same with the person apparently in charge thereof.

namely Pam Feeney
☐ By leaving a copy at the defendant's usual place of abode, with some person of the family or a person residing there, of the age of 13 years or upwards, and informing that person of the general nature of the papers,

namely _____
☐ By posting copies in a conspicuous manner to the address of the person/entity being served.

Non-Service: After due search, careful inquiry and diligent attempts at the address(es) listed above, I have been unable to effect process upon the person/entity being served because of the following reason(s):

- ☐ Unknown at Address ☐ Evading ☐ Other: _____
☐ Address Does Not Exist ☐ Service Cancelled by Litigant
☐ Moved, Left no Forwarding ☐ Unable to Serve in a Timely Fashion

Service Attempts: Service was attempted on: () _____ DATE TIME _____, () _____ DATE TIME _____
 () _____ DATE TIME _____, () _____ DATE TIME _____, () _____ DATE TIME _____

Description: ☐ Male ☒ White Skin ☐ Black Hair ☐ White Hair ☐ 14-20 Yrs. ☐ Under 5' ☐ Under 100 Lbs.
☒ Female ☐ Black Skin ☒ Brown Hair ☐ Balding ☒ 21-35 Yrs. ☐ 5'0"-5'3" ☐ 100-130 Lbs.
☐ Yellow Skin ☐ Blond Hair ☐ 36-50 Yrs. ☒ 5'4"-5'8" ☒ 131-160 Lbs.
☐ Brown Skin ☐ Gray Hair ☐ 51-65 Yrs. ☐ 5'9"-6'0" ☐ 161-200 Lbs.
☐ Glasses ☐ Red Skin ☐ Red Hair ☐ Beard ☐ Over 65 Yrs. ☐ Over 6' ☐ Over 200 Lbs.

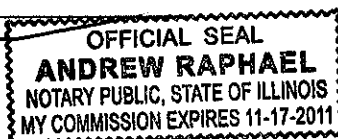
OTHER IDENTIFYING FEATURES: _____

State of Illinois County of Cook

Subscribed and sworn to before me, May, 2008
 a notary public, this _____ day of _____

SERVED BY
 LASALLE PROCESS SERVERS

NOTARY PUBLIC



CHARTER MEMBER NATIONAL ASSOCIATION OF PROFESSIONAL PROCESS SERVERS.

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

Lorri Poe

CASE NUMBER: 08CV2686 EDA
JUDGE GUZMAN
ASSIGNED JUDGE: MAGISTRATE JUDGE SCHENKIER
DESIGNATED
MAGISTRATE JUDGE:

V.

Healthcare Revenue Recovery Group, LLC

TO: (Name and address of Defendant)

Healthcare Revenue Recovery Group, LLC
c/o Illinois Corporation Service (Registered Agent of Healthcare Revenue Recovery Group,
LLC)
801 Adlai Stevenson Drive
Springfield IL 62703

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Craig M. Shapiro
Horwitz, Horwitz & Associates, Ltd.
25 E Washington St Ste 900
Chicago IL 60602

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

NOTE: When the print dialogue box appears, be sure to uncheck the Annotations option.

Michael W. Dobbins, Clerk

Esperanza Arnold

(By) DEPUTY CLERK

May 9, 2008

Date



AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (<i>PRINT</i>)	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.